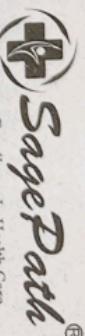




NABL

MCSSS

# TEST REQUISITION FORM (TRF)



Excellence In Health Care

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):  
 Name : Bhingabai Shahgadkhan

Age : 34 Yrs \_\_\_\_\_ Months \_\_\_\_\_ Days

Sex : Male  Female

Date of Birth :

Ph :

**Specimen Details:**

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
Sample Collection Time :	AM / PM	Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

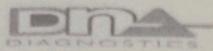
**Test Name / Test Code****Sample Type****SPL Barcode No**B4173475

Large HPR  
Uterus

**Clinical History:**

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

**No. of Samples Received:**  
**Received by:**



## HISTOPATHOLOGY/CYTOLGY/PAP SMEAR – TEST REQUISITION FORM

### Instructions for sending samples:-

1. A duly filled test requisition for (TRF) must accompany all the specimens for histopathology, cytology and Pap smear study.
2. Use adequate formalin for biopsy/histopathology samples. Give one or two cuts in case of large samples to expose the deeper part of the tissue to formalin. Delay of more than 24 hours may result in autolysis and contamination of the specimen and pre analytical rejection. Ensure minimum turnaround time from collection to sending the sample to CPL.
3. Site of tissue sampling or from where the biopsy is taken from the body must be filled. Use correct histopathology test code as per the size of the sample, in case of wrong code lab reserves the right to not process the sample or withhold the report.
4. Doctor's and patient's contact number must be filled in as more information may be needed to report the case. Unavailability information may cause delay or non-reporting of the specimen. In cases for histopathology review/second opinion a copy of the previous reports must be sent.

### Patient's details:

Name: Bhungabai shahgadkar Barcode and source code:

Age: 44 Sex: F Date of collection: 10/11/26

Length of tissue specimen in cm : 10 x 5 cm

50-039

(Maximum dimension)

Site of tissue biopsy/sample : Uterus & adnexa & cervix

Clinical diagnosis : Fibroid uterus

Relevant medical history : Menorrhagia, pain in abd.

Test requested : HPR of uterus & Cx & ovaries

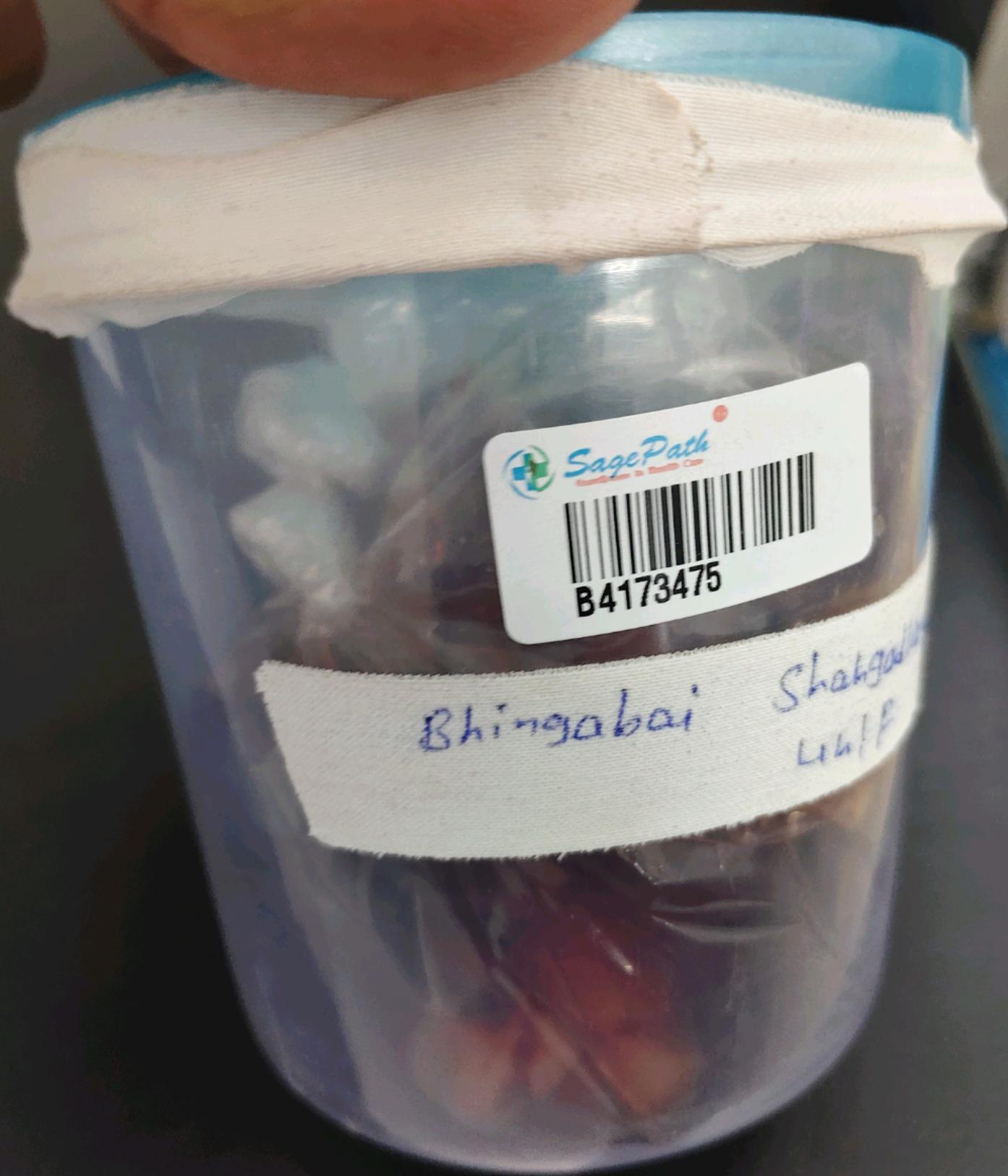
Reports of other investigations :

(Like X-ray for bone biopsy or other  
Tests)

Patient's contact number :

Referring doctor's name : Dr Arpana V. Shah Dho

Referring doctor's contact number : 9822009425



vivo T4 5G

Saurabh ❤️📸 01/10/2026, 14:56